



State of California

Date: _____

This refers to the claim for unemployment insurance filed by:

SSA No. _____

NOTICE OF MODIFICATION

You were previously notified that the person named above was ineligible for benefits under the provisions of Section(s) _____ of the California Unemployment Insurance Code. Effective _____, the disqualifying conditions no longer exist because:

☐ Claimant has earned sufficient wages in subsequent bona fide employment with _____

☐ Claimant is now able to work and available for work.

☐ This modification does not change the ruling you previously received.

☐ The trade dispute has ended.

☐ Claimant has been permanently replaced.

☐ Claimant was not returned to work after an unconditional offer to return to work had been made.

☐ Other: _____

ANY WRITTEN APPEAL FROM THIS NOTICE MUST BE FILED ON OR BEFORE _____ TO BE TIMELY.

Telephone:

English (800) 300-5616

Spanish (800) 326-8937

Outside CA (800) 250-3913

TTY (Non-Voice) (800) 815-9387

Department Representative